Missouri Title V Facts:

Access to Care

Background

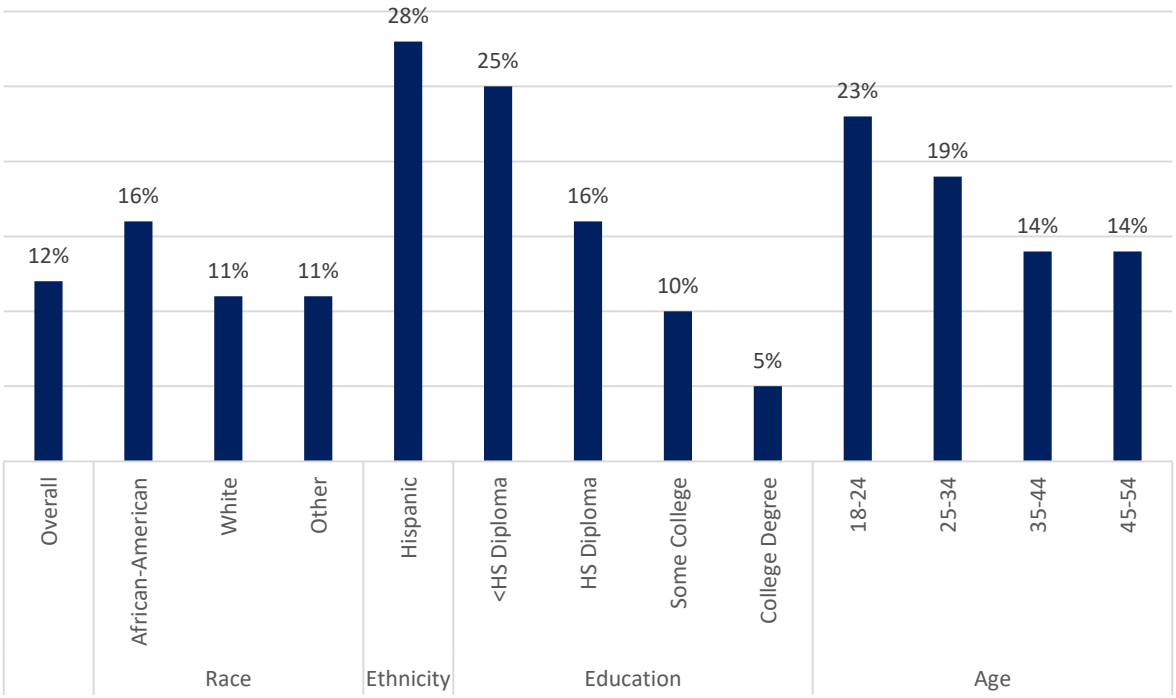
Effective, coordinated, high-quality health care is a key factor in peoples' ability to reach and maintain optimal health and for the early detection of chronic conditions that may impact longevity or quality of life. However, access to quality health care is impacted by a variety of factors, including insurance coverage, geographic location, financial and work considerations, and unavailability of timely preventive or specialist care. In Missouri, access to care is further complicated by fragmented geographic availability of care. Since 2010, seven rural hospitals have closed in the state[1], and a greater number have reduced the number of services available, such as eliminating obstetric or specialty care. Hospital closures in rural regions of the state necessitate that residents must secure extra time and arrange transportation to obtain routine and emergency services. Increased distance to obtain primary care is also associated with higher rates of non-emergent ER usage[2]. Health Professional Shortage Area (HPSA) is a designation that indicates that an area does not have enough health care resources to meet the need of its residents. HPSAs can occur when there are too few, if any, providers in an area; when there are more patients than providers can see; or when transportation barriers prevent patients from reaching providers.

Cost represents an increasingly-significant barrier to many Missourians' ability to access health care. As in the United States as a whole, health care costs in Missouri have risen at a rate significantly higher than background inflation. Between 1991 and 2014, total health costs in Missouri nearly quadrupled, from $13.0 billion to $49.1 billion. On a per capita basis and in constant 2014 dollars, annual costs doubled, rising from $4,194 in 1991 to $8,107 per year per person in 2014[3]. The increase in costs was driven by increasing insurance premiums paid by citizens and employers who had private insurance, as well as by higher cost-sharing (e.g., high-deductible health insurance plans). Increasing cost burden drives many to delay or skip care[4] for non-emergent conditions. In 2018, one in four Missourians with household incomes below $35,000 reported foregoing medical care in the previous year due to cost[5].

Health Insurance

Overall, 15.5% of Missouri adults between the ages of 18 and 64 were uninsured in 2018, slightly higher than the statewide rate among all adults of 12.4%. Some demographic groups are more likely than others to be without health insurance[6].

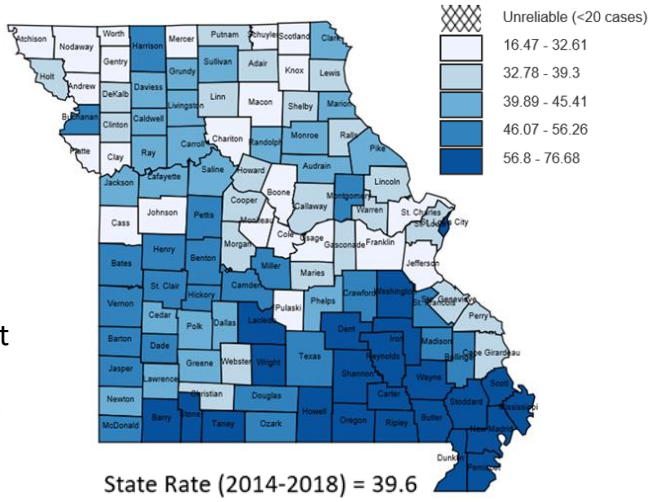
Figure 1. Uninsured by Demographic, MO BRFSS 2018



The highest proportion of those without insurance coverage live in rural counties, are Hispanic, younger than 35 years old, and/or have less than a high school diploma. The ability of Missourians to maintain health insurance coverage, particularly among those without provider-sponsored insurance, has been complicated by confusion and uncertainty surrounding changes to health insurance subsidies through the Affordable Care Act Health Insurance Marketplace, shortened open enrollment periods, and increasing premiums for individual coverage plans[7].

Missouri's Medicaid program, MO HealthNet, does not provide coverage for non-disabled childless adults, regardless of income. Parents of dependents are only eligible for coverage if their household income does not exceed 22% of the federal poverty level (FPL), or a combined household income of $4,479 for a family of three in 2019. Pregnant women in Missouri with household incomes up to 196% FPL are eligible for full MO HealthNet coverage, with partial coverage available to women up to 301% FPL[8]. Pregnant women applying for prenatal coverage through MO HealthNet report that even after they apply for coverage, many experience significant delays in receiving confirmation that they are covered. This prompts some women to delay or forego care and impacts Missouri mothers' ability to obtain comprehensive and adequate prenatal care.

Figure 2. Percent of Births Paid by MO HealthNet, by County, 2014-2018



Special Health Care Needs

Children and youth with special health care needs (CYSHCN) and their families may experience barriers to obtaining care beyond those experienced by the general population. Families of CYSHCN are nearly twice as likely to report that the available health insurance benefits did not adequately meet their child's medical needs (10.5% vs. 5.6%). 92.6% of CYSHCN were consistently covered by health insurance during the previous year, rates comparable to non-CYSHCN, but were much more likely to have public health insurance (38.8% vs. 29.2%), rather than private. Among the children of participants at the CYSHCN Family Retreat, held in August 2019, 50% were insured through MO HealthNet, 17% through private insurance exclusively, and 27% through a combination of public and private insurance.

> *"If you could speak to insurance companies, the CEOs and boards and stuff, and let them know about your special needs. Because when you get a case worker with the insurance companies… they want all this medical work and information. And then they're like, 'Well they don't really need this because…' but why? 'We don't know, that's just what this doctor says.' "*

Focus group findings suggest that the parents of CYSHCN experience ongoing frustrations navigating public and private health insurance bureaucracies to ensure that their children receive recommended care, therapy, and other associated services. More than one-in-four (27%) Family Partnership survey respondents stated that they had foregone or delayed needed care for their children. A significant proportion of these parents stated that this was due to cost or issues with insurance coverage. Parents whose children were covered only through private insurance were nearly twice as likely to report that they delayed or missed treatments for their children (50%) than were parents insured under MO HealthNet (27%). Additionally, families with private insurance were less likely to state that their insurance always met the needs of their children, or that their insurance network provided them in-network coverage of treatments or specialists.

Figure 3. Reasons for Delayed or Missed Treatment for CYSCHN

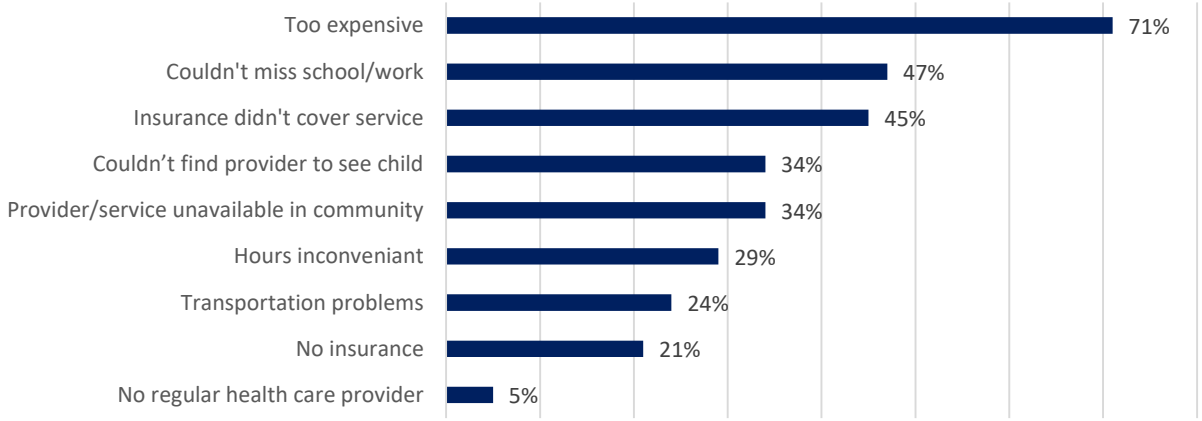
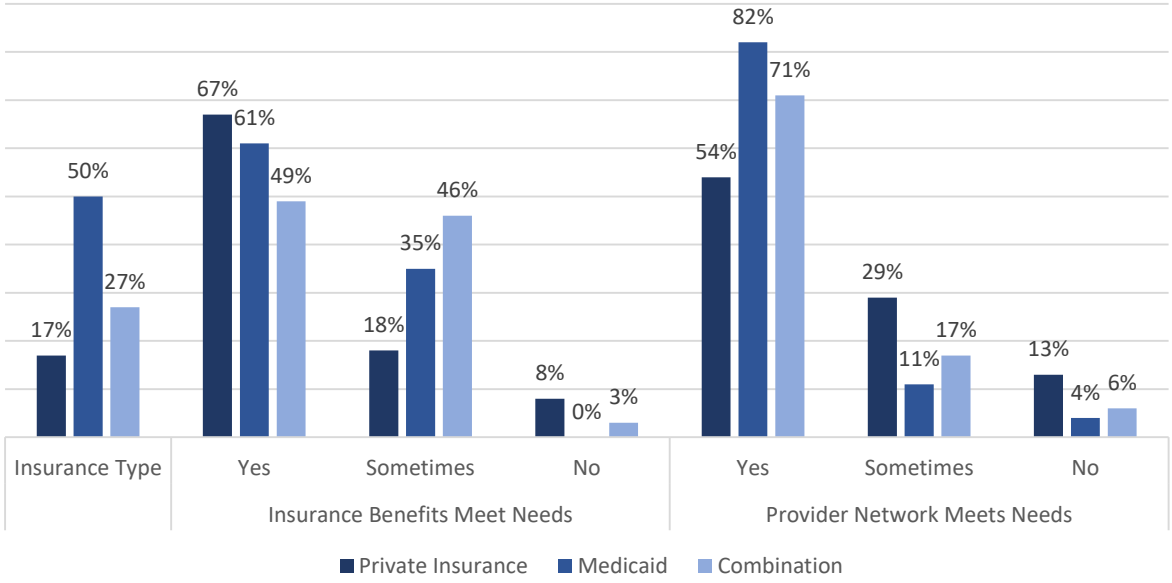


Figure 4. Health Insurance Coverage Adequacy Among CYSHCN Family Partnership Participant Families



Families of CYSHCN who live in rural areas also report concerns about access to supplemental services, such as respite care or home health assistance, that are not typically experienced by non-CYSHCN families. Missouri continues to struggle to recruit medical professionals and paraprofessionals to rural regions of the state. As a result, many CYSHCN families are unable to obtain specialty services such as wound therapy and respite care at times or intervals that are medically indicated or consistent with other family obligations such as employment or school attendance.

Access to Mental Health Services

While many Missourians encounter barriers when seeking to obtain adequate, coordinated care, there are additional challenges that arise for those seeking mental or behavioral health care. Effective behavioral health promotes mental well-being, and permits the timely identification and treatment of mental health issues including substance use disorders. National estimates indicate that 23% of American adults had a mental illness in the past year. Among women with a mental illness, 25% had a serious mental illness such as schizophrenia, or severe bipolar disorder, and 43% of those women received no treatment. Women are more likely to report major depressive episodes than are men, and women younger than 25 years are significantly more likely to report severe depressive symptoms, and significantly less likely than older women to receive behavioral health treatment.

"There's been some therapy that they suggested but didn't have in our area. To drive 3.5 hours for 1-hour therapy, especially as often as they would want, gets difficult."

In Missouri, physical access to care continues to represent a significant barrier in the same regions that experience physical access issues with traditional medical care. Lack of clarity about insurance coverage for mental health care, long waitlist times to see a provider, and the costs of behavioral health medications leads many to forego care. Social stigma also continues to limit Missourians' ability and willingness to discuss their need for behavioral health care or support, or to seek care. Though data is not available for Missouri, nationwide data indicates that men are less likely than women to seek mental or behavioral health care, and African Americans are less likely than whites to do so[9].

"Mental health is big, but there's a big stigma with mental health in the community we serve. It's very important to deal with trauma, but there's a stigma that breaks up getting access for your best health. That's a big part of wellness, mental health."

What is Being Done?

Telehealth: Missouri's telehealth parity law requires coverage for telehealth services by private payers and MO HealthNet. It also states that patients can establish a physician-patient relationship through telemedicine, provided that "The technology utilized shall be sufficient to establish an informed diagnosis as though the medical interview and physical examination has been performed in person"[10].

SchoolNurseLink: A website linking school nurses to MO HealthNet resources to assist with case management for students with chronic conditions, and provides guidance to school nurses in facilitating health insurance enrollment for all students. http://www.schoolnurselink.com/

Missouri Child Psychiatry Access Project: The Missouri Child Psychiatry Access Project (MO-CPAP) "builds capacity within primary care settings to treat and manage behavioral health needs for children and adolescents." This initiative connects primary care providers to child psychiatric professionals for consultations, provides continuing education, and develops referral networks for community-based behavioral health services, with the goal of improving mental health outcomes in adolescents and children.
https://medicine.missouri.edu/departments/psychiatry/research/missouri-child-psychiatry-access-project

Missouri Assistant Physician Law: Effective August 2014, this law permits medical school graduates who have passed the prescribed medical examinations, but who have not entered into residency programs, to apply for licensure as an Assistant Physician. Assistant Physicians are restricted to practice in health professional shortage areas, and must be supervised by a fully-licensed physician to practice. https://pr.mo.gov/assistantphysicians.asp

School-Based Health: Partners in child and adolescent health, including the School-Based Health Alliance of Missouri, are working to expand access to health care among children by bringing medical services into the schools themselves. Programs offer a range of services, typically primary medical services, but may also include behavioral, oral, and eye health. School-Based Health is currently available in 49 Missouri counties and the City of St. Louis. https://moschoolhealth.org/

Local Public Health Agencies: The Title V program partners with local public health agencies to build systems to promote improved care services for women of childbearing age. Local public health agencies improve access to care by providing pregnancy testing, education, and referral to OB/GYN care (106 agencies), screening clients for insurance or MO HealthNet coverage (106 agencies), assisting eligible women with MO HealthNet enrollment (77 agencies), and providing preventive care well-woman visits (46 agencies).

References:

1. Cecil G. Sheps Center for Health Services Research. (2019). 168 Rural Hospital Closures: January 2005 – Present (126 since 2010). https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/. Accessed February 23, 2020.
2. Fishman, J., McLafferty, S., & Galanter, W. (2018). Does spatial access to primary care affect emergency department utilization for nonemergent conditions?. Health services research, 53(1), 489-508.
3. Missouri Department of Insurance. (2018). The Health Insurance Market in Missouri. https://insurance.mo.gov/consumers/health/documents/HealthInsuranceMarketinMissouri.pdf. Accessed January 4, 2020.
4. Tipirneni, R., Politi, M. C., Kullgren, J. T., Kieffer, E. C., Goold, S. D., & Scherer, A. M. (2018). Association between health insurance literacy and avoidance of health care services owing to cost. JAMA network open, 1(7), e184796-e184796.
5. Missouri Department of Health and Senior Services, Bureau of Epidemiology and Vital Statistics. Behavior Risk Factor Surveillance System (BFRSS), 2018.
6. Missouri Department of Health and Senior Services, Bureau of Epidemiology and Vital Statistics. Behavior Risk Factor Surveillance System (BFRSS), 2018.
7. DHSS Bureau of Epidemiology and Vital Statistics, Title V Needs Assessment Focus Group Summary Report. 2020.
8. Kaiser Family Foundation. *Where Are States Today? Medicaid and CHIP Eligibility Levels for Children, Pregnant Women, and Adults.* https://www.kff.org/medicaid/fact-sheet/where-are-states-today-medicaid-and-chip/. Accessed February 10, 2020.
9. McGuire, T. G., & Miranda, J. (2008). New evidence regarding racial and ethnic disparities in mental health: policy implications. Health affairs (Project Hope), 27(2), 393–403.
10. Missouri Revised Statutes: Mo. Rev. Stat. § 191.1145 (2018); Mo. Rev. Stat. § 191.1146 (2016).